



Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2977 9436 92		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Certified Mail® Article Number 9414 7266 9904 2977 9436 99		B. Received by (Printed Name)  C. Date of Delivery 9-10-24	
3. Service Type: <b>CERTIFIED MAIL</b>		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>LAURA TRICKLE P.O. Box 402 Thornville, OH 43076</p></div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	